CLAIMS ONLY

Application Number	Filing Date
10/820929	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			—	—								
2				—								
3				—								
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14			1									
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49												
50												
Total Indep			1									
Total Depend			8									
Total Claims			9									

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						